



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 OCCUPATIONAL & PROFESSIONAL LICENSING DIVISION
 Telephone: (860) 713-6135
 Website: www.ct.gov/dcp

APPLICATION FOR TRADE LICENSE

INSTRUCTIONS:

This form must be completed by the individual applying for licensure. All spaces must be completed - please print or type. This application **must be accompanied by a check or money order**, for the appropriate application fee as noted on "Attachment A", made payable to: **"Treasurer, State of CT"**. **Application fees are non-refundable.**

→ Return your completed application and appropriate fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant's Name (First Name, Middle Initial, Last Name)				Category (Type) License Applying For:	
Applicant's Street Address		City or Town		State	Zip Code
Social Security Number	Date of Birth	Work Telephone Number (w/ Area Code)		Home Telephone Number (w/ Area Code)	
Do you presently hold a license for any occupation in any State? <input type="checkbox"/> YES <input type="checkbox"/> NO (Attach a copy of your current license)		If Yes, list State	Type of License		Issue Date of License
Has the applicant ever been convicted of a felony crime? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please attach a statement providing the date(s) of conviction(s), the court(s) where the cases were decided and a description of the circumstances relating to each conviction(s).					
Are you applying for licensure on behalf of a firm or public utility company? <input type="checkbox"/> YES <input type="checkbox"/> NO		Firm /Public Utility Company Name		Name of President or Corporate Authority	
Firm Address (No. & Street, City, State, Zip Code)				Signature of President or Corporate Authority	

NOTE: You must include with this application the appropriate documentation of employment and schooling for licensure. See "Attachment A" for the description and work experience required for each licensed category. The completion of an apprenticeship should be verified by a "Letter of Apprenticeship Completion" which can be obtained from the State of Connecticut, Department of Labor. If you have not completed an apprenticeship, or an internship program, you must submit notarized statements from occupational related employers as to the dates and duties of employment. You must also include copies of any diplomas and degrees of education related to the occupational license for which you are applying. The Board may consider equivalent experience and training in lieu of the "Letter of Apprenticeship Completion".

ANY PERSONS MAKING ANY MISSTATEMENT AS TO EXPERIENCE OR OTHER QUALIFICATIONS, OR ANY PERSON SUBSCRIBING TO OR VOUCHING FOR ANY MISSTATEMENT SHALL BE SUBJECT TO THOSE PENALTIES AS PROVIDED FOR IN THE CONNECTICUT GENERAL STATUTES.

SIGNED (Applicant)

Subscribed and Sworn to before me:

Notary Seal

Date _____

SIGNED (Notary Public)

COMMISSION EXPIRES _____

STATEMENT OF EXPERIENCE

NAME AND ADDRESSES OF OCCUPATION RELATED EXPERIENCE	DATES		TOTAL TIME	
	FROM	TO	Years	Months
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				

NAME AND ADDRESSES OF OCCUPATION RELATED SCHOOLS	DATES		TOTAL TIME	
	FROM	TO	Years	Months
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				

Apprenticeship Training Programs: "On the Job Training Hours" = (OJT) Maximum of 2000 hours per year
 School Rated Instruction = (RI)

State of Connecticut Department of Labor, Apprentice Training Division
State of Connecticut Department of Education - Approval of School Related Instruction
State of Connecticut Department of Revenue Services, 25 Sigourney St., Hartford, CT 06106
State of Connecticut Department of Public Safety, State Building Official's Office

(888) 289-6757
(860) 807-2221
(860) 541-4524
(860) 685-8310